

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000002070

1. Entity Name

ALESBURY HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business  
13715 ALESBURY CT.  
JACKSONVILLE, FL 32224 US

Mailing Address  
13715 ALESBURY CT.  
JACKSONVILLE, FL 32224 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. Zip

Zip

Country

4. FEI Number  
59-3205348

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEBOER, R.H.  
13715 ALESBURY COURT  
JACKSONVILLE, FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*R.H. DeBoer*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

*12/28/2006*

DATE

FILE NOW!! FEE IS \$236.25  
After January 1, 2007, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LYONNAIS, DENNIS  
STREET ADDRESS 13792 ALESBURY CT.  
CITY-ST-ZIP JACKSONVILLE, FL 32224

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

*300082895809  
01/02/07-01019--014 \*\*\*306.25*

TITLE VPD  
NAME MICHEAL, RON  
STREET ADDRESS 4066 ALESBURY DR  
CITY-ST-ZIP JACKSONVILLE, FL 32224

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE TD  
NAME DEBOER, R.H.  
STREET ADDRESS 13715 ALESBURY CT.  
CITY-ST-ZIP JACKSONVILLE, FL 32224

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE SD  
NAME UNDERWOOD, BRENDA  
STREET ADDRESS 4042 ALESBURY CT.  
CITY-ST-ZIP JACKSONVILLE, FL 32224

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R.H. DeBoer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/28/2006 (904) 223-0790*

Date

Daytime Phone #

FILED  
07 JAN -2 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

WAP